

PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0651-0035


U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application	Application Number	10/057,414
	Filing Date	January 25, 2002
	First Named Inventor	John F. Shanley
	Art Unit	3731
	Examiner Name	Thaler, Michael H.
	Attorney Docket No.	P040 (formerly 032304-040)

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 
OR
Customer Number Bar Code

<input checked="" type="checkbox"/> Firm or Individual Name	Cindy A. Lynch Conor MedSystems		
Address	1003 Hamilton Court		
City	Menlo Park	State	CA Zip 94025
Country	United States of America		
Telephone	(650) 614-4100	Fax	(650) 614-4125

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

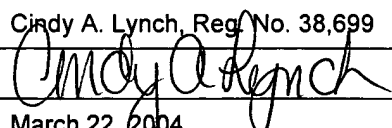
I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ Attorney or Agent of record.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name	Cindy A. Lynch, Reg. No. 38,699
Signature	
Date	March 22, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.
